



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## CREDIT COUNSELING ORGANIZATION RENEWAL LICENSE APPLICATION

S.C. Code Ann. § 37-7-101 through - 122.

[www.scconsumer.gov](http://www.scconsumer.gov)

803-734-4236

### Mailing Address

P.O. Box 5757  
Columbia, SC 29250-5757

### Street Address

3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

### **DO NOT FAX THIS FORM**

(An original, signed and notarized form is required)

See **Renewal** Application Instructions. **Please Type or Print Legibly in Ink.** Attach additional page(s) as necessary.

1. Full Name of Credit Counseling Organization (applicant): \_\_\_\_\_

Trade Name – d/b/a: \_\_\_\_\_

*Postmark by December 1<sup>st</sup>.*

License No.: \_\_\_\_\_

2. Applicant's Contact Person: \_\_\_\_\_

3. Business Headquarters Address: \_\_\_\_\_  
(Street Address)

(City) (State) (Zip Code) (County)

Mailing Address: \_\_\_\_\_  
(Street Address)

(City) (State) (Zip Code)

4. Telephone Number: ( ) - \_\_\_\_\_

5. Fax Number: ( ) - \_\_\_\_\_

6. Website Address: \_\_\_\_\_

7. LOCATIONS: List all locations within South Carolina and all locations outside the State that are soliciting or contracting with debtors located in South Carolina. (Attach Additional Page(s) as Necessary)  
**NOTE: The renewal fee is \$100 per location. A Supplemental Form B must be completed for each NEW location.**

Address	Phone Number	Manager
	( ) -	
	( ) -	
	( ) -	

8. Provide a list of all CREDIT COUNSELORS engaging in credit counseling services in South Carolina or with South Carolina consumers. Include the name, location(s) where employed, and license number. **NOTE: New credit counselors must fill out an initial application form, while renewing counselors may submit a renewal form.**

9. Name and Address of Registered Agent in South Carolina: \_\_\_\_\_  
(Last) (First) (Middle)

(Street Address) (City) (State) (Zip Code)

10. Provide a list of every OWNER, PARTNER, MEMBER, OFFICER and DIRECTOR of the applicant. Include the name, title and percentage owned, if any. **NOTE: Everyone listed must complete a Renewal Supplemental Form A or an initial Supplemental Form A, UNLESS the person (a) serves as a director on a voluntary board, (b) does not receive compensation directly or indirectly from the corporation, and (c) holds no financial interest in the corporation.**

**Mark an "X" in the Appropriate Box**

If you answer "YES" to any question, attach a separate sheet giving complete details.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 11. Has the business type, including non-profit designation, changed since the last application? If yes, state new type and attach appropriate documentation of the change.                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have there been any changes to Questions 15-17? If yes attach complete details. If conducting business in new states, include the state, license number, and date of initial licensing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have there been any changes to the Budget Analysis, Contract, or Creditor Consent Form (as applicable)? If yes, submit such forms.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the organization's bond in effect and of the correct amount as required under Section 37-7-103?  | <input type="checkbox"/> | <input type="checkbox"/> |

**FEES**

License Renewal Fee: _____	Locations x \$100.00 = \$ _____
Counselor Fee: _____	Counselors x \$40.00 = \$ _____
<b>Total Amount Submitted:</b> \$ _____	

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information on prior forms submitted and in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.**

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing the form

Notary Public For: \_\_\_\_\_

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title

My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Telephone Number: ( ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_